**DHEC COVID-19 Vaccine Update and Q&A with Dr. Michael Kacka**

**Feb. 1, 2021**

**Cristi Moore:** Good afternoon, and welcome to DHEC's February 1st media briefing on Covid-19 vaccine in South Carolina. I'm Cristi Moore, DHEC chief communications officer, and I’ll be facilitating today's briefing with Dr. Michael Kacka, DHEC physician and chief medical officer for Covid-19. Nick Davidson, senior deputy for public health, is also joining us today.

These briefings are held to share the latest updates and answer questions about Covid-19 vaccines. DHEC appreciates the continued South Carolina press coverage and its commitment to keeping South Carolinians informed. For the run of show Dr. Kacka will provide a brief update then we'll have a segment of facilitated questions, and if time allows I’ll open it up for live questions. Before we begin, I’d like to remain everyone to please remain on mute Dr. Kacka, I will turn it over to you now for today's update.

**Dr. Kacka:** Thank you Cristi, good afternoon. This weekend DHEC announced the detection of one case related to the SARS-CoV-2 variant that was first found in the United Kingdom. South Carolina public health officials were notified on late Friday by Mako Medical Laboratories of South Carolina that a South Carolina sample determined to be the b117 variant was in fact identified.

The case, which was an adult from the Low Country region, has international travel history, but to protect privacy no further information will be released. The b117 variant has been identified in many countries and in 32 states, with a total of 467 total cases having been reported in the United States.

Earlier last week DHEC announced that two cases of the variant first discovered in South Africa had been reported in South Carolina. Both variants first detected in the United Kingdom and South Africa spread easier and quicker than most of the SARS-CoV-2 variants. The arrival of the second variant in our state should be a wake-up call to South Carolinians that the fight against Covid-19 is unfortunately far from over.

Experts believe that the current Covid-19 vaccines will protect people against these two virus strains but certainly DHEC and its partners continue to work to get vaccine in arms quickly, safely, equitably and ethically. However, while more Covid-19 vaccines are on the way, supplies are still very limited. We must all remain dedicated to this fight by doing the right things to slow the spread of Covid-19 in our communities by wearing a mask, staying at least six feet apart, avoiding crowds, washing our hands, getting tested often and, when it's our time, to get vaccinated. Science tells us that these actions prevent the spread of the virus, no matter the strain. DHEC along with the CDC will continue to monitor Covid-19 variants and public health officials will provide more information as it is available.

**Cristi Moore: Thank you Dr. Kacka for today's update, we'll turn it over now to facilitated questions the first one what is DHEC’s response to the American Association of Retired Persons and others standing against the vaccine distribution plan that DHEC has chosen to use?**

**Dr. Kacka:** For now the phase distribution plan was originally proposed by the American College for Immunization Practices. DHEC has taken those recommendations from that group and continued to look at it through our own Vaccine Advisory Committee, which is a panel of experts from the community, government, and medical industry to take those recommendations from ACIP and develop our own recommendations for the state.

We will continue to look at that and continue to consider exactly who needs to be involved in different phases. The difficulty as always is the very limited supply of vaccines we have right now- we don't have enough vaccines for everyone who's in phase 1A currently, so we will continue to look at our allocation plans and as we move forward with this begin to tweak it to make sure that we do get it to the people who need it the most.

**Cristi Moore: Thank you Dr. Kacka. Why isn't the agency prioritizing low-income residents or using socioeconomics in its distribution method?**

**Dr. Kacka:** DHEC requested that the board determine the method of allocations of vaccine until such time that we have vaccine that's widely available for everyone. So on January 26, the board approved the Covid-19 vaccine allocation model based on population size per county, to enable health care providers to deliver shots in arms as fast as possible. This strategy prioritizes vaccinating as many South Carolinians as quickly as possible, so at the board meeting scheduled for February 11, 2021 the board will consider logistical details regarding implementation of Model A in deciding how the plan should proceed. This will include how the per-capita model can best provide access to vaccines for all South Carolinians. Now we've also kind of taken up this issue of getting vaccine to low-income residents, traditionally under-served communities, one of our big partners will be the Federally Qualified Health Centers. As they begin to distribute vaccine, we'll be able to get more vaccine into these communities that have been traditionally underserved. An additional partner for us will be the rural clinics that will be able to provide vaccines, as well.

**Cristi Moore: Has DHEC launched the new statewide registration portal and if not what exact day will it be launched?**

**Dr. Kacka:** We believe we'll be able to provide more details on the Covid-19 vaccine appointment system probably about mid-week.

**Cristi Moore: To follow up from last week, does DHEC plan to recommend double masking due to the recent identification of different variants in the nation and including in South Carolina?**

**Dr. Kacka:** Currently we are looking at the science regarding double masking and we'll continue to monitor guidance that comes down about this, but at this time we're still recommending that people wear one mask, make sure they observe that physical distancing of at least six feet away from other people, of course avoiding crowds, washing your hands and also getting tested often to look for asymptomatic spread of the virus.

**Cristi Moore: Are any Centers for Disease Control staffers involved in the investigation of two South African variant cases?**

**Dr. Kacka:** No, because of the time it takes to do the sequencing, the cases are past the period that they could pass the variant on to others.

**Cristi Moore: How likely is it that U.S. variants of the coronavirus have formed but have not yet been caught due to the low amount of sequencing?**

**Dr. Kacka:** Since the beginning of the response a DHEC laboratory has prioritized diagnostic testing with PCR for Covid-19. We've also had the lab staff performing sequencing for surveillance when there was adequate staffing and time. Additionally, samples were being sent to the CDC for sequencing as well and some of the some of the private laboratories have been able to do their sequencing. So, sequencing has increased this month and we anticipate that to continue. Last week our public health lab did sequence about four percent of the positive Covid-19 samples that were chosen randomly across all four regions of the state. Plans are in place and in the early stages to increase the number of samples sequenced to over 100 per week in the coming weeks.

**Cristi Moore: Is South Carolina taking any cues or lessons from states that were initially more successful in their vaccine rollout, and if so what?**

**Dr. Kacka:** It's fair to say that we're always looking to other states for best practices. This is a very historic vaccine rollout that we're implementing, and states are always learning from each other. We communicate all the time with our public health practices to make sure that we are implementing the best practices that we can. As an example, several other states who didn't vaccinate by appointment saw incredibly long lines and potentially put people at risk for disease, so that's one of the reasons that we chose a buy appointment system for scheduling vaccines in our state.

**Cristi Moore: Has guidance for pregnant women getting the vaccine changed?**

**Dr. Kacka:** No, the guidance hasn't changed. What's important for pregnant women to understand is that this vaccine has not specifically been tested for safety during pregnancy. Now there really is no theoretical risk of this particular vaccine to someone who is pregnant, but it's important to know that the safety effects have not been specifically studied yet. So the guidance to pregnant women is that they consider along with their provider what their risk might be. There are there are certain vaccines that are recommended for pregnant women and that's because any potential risk from the vaccine is far less than what the actual disease might cause. We don't have that information specifically for Covid, but we do encourage pregnant women to talk with their medical provider about what their risk might be, understanding that there's really no theoretical risk with this vaccine and but we don't know the specific safety effects. We want them to kind of make that balance, have that discussion with their provider and decide if they think that the vaccine may be the right thing for them at that time.

**Cristi Moore: Dr. Kacka is the vaccine recommended for breastfeeding women?**

**Dr. Kacka:** That's another one where we don't have specific data where the safety was studied for this, but again there's really no theoretical risk for breastfeeding women with getting this vaccine. In most cases I would say that it's probably preferable that they do get vaccinated when they have the opportunity.

**Cristi Moore: We heard Dr. Traxler’s remarks last Monday regarding smokers and Covid-19, would you be able to clarify what the Vaccine Advisory Committee's qualifications are for smokers to receive the vaccine at this time?**

**Dr. Kacka:** The Vaccine Advisory Committee as well as those who here at DHEC will look at the different so-called underlying conditions that place people at risk for a serious Covid-19 infection. Smoking is one of those that's listed among the CDC, but as we create these kind of vaccine recommendations, we will go through one by one and consider what what's best for providing the vaccine, knowing what vaccine supply is available and who may be at risk, it's still a work in progress to determine exactly where individuals will fall including people that may smoke.

**Cristi Moore: Are they among those with underlying health conditions?**

**Dr. Kacka:** Yes, they are listed as part of the CDC guidance as people who may be at risk for more severe Covid-19 infections. That doesn't automatically mean that they would be included among the group recommended for vaccine. When we talk about underlying health conditions, as I said we'll kind of look at those one by one and consider what the actual risk may be.

**Cristi Moore: And the last question on this topic- is there a difference in potential timing for vaccinations between current and former smokers?**

**Dr. Kacka:** That's something that again will have to be taken into consideration, whether the amount of smoking, whether they're current or former smokers, will just have to be taking consideration in the future.

**Cristi Moore: We've had some vaccine event organizers advise people to register online ahead of time, while others are doing on-site registration only. I understand you have encouraged online registration when possible, but some aren't able to do this. Are there any plans for easy registration for people without internet that does not require them to stand in a line at a vaccine event?**

**Dr. Kacka:** We do have our vaccine call in line, it can help people locate vaccine clinics in their area, it can provide them the information to set up their appointment so that those who may not have internet access and can get through our internet portal. That's the way they may be able to do it so that they can schedule a vaccination.

**Cristi Moore: With these large vaccine events, how is DHEC advising healthcare providers to keep those 70 and older safe while waiting for vaccines if they do not have a car to weight in? This is particularly interesting, as we have very cold weather this week and wonder if people who walk or take public transportation will have to wait outside at the events.**

**Dr. Kacka:** These are challenges that we're taking under consideration. I think one of the most important things healthcare providers are going to have to do is to make sure that they're staggering their appointments so that they don't have people lined up waiting in the cold and that sort of thing. They'll have to consider what their facilities are, as far as keeping people safe from the cold weather and that sort of thing, We certainly don't want a situation where we're going to have people huddled together, that's obviously going to be a risk. We don't want a vaccination clinic to be a hot spot for Covid-19 spread, so I think it's very important that they take their logistics under consideration as they're planning these events and make sure that they have an appropriate plan to keep people safe from the weather.

**Cristi Moore: When can we expect phase 1B guidance to be solidified?**

**Dr. Kacka:** I don't have a specific timeline yet, I'm hoping for early spring for phase 1B to be in effect and obviously we'll need guidance prior to that. There's a lot of considerations here that still have to have to be taken under advisement as far as the number of people who may be eligible based on what recommendations are made, considering the risk that may be involved for individuals and then anticipating what our vaccine supply will be. Which is very difficult because we get our allocations from the CDC, we really can't do much to change that. We may see additional vaccines being recommended in the future, getting approved and recommended in the future, there may be specific recommendations around those that we have to account for, so unfortunately cannot provide a specific timeline for phase 1B guidance, but the general idea of who we might want to get vaccinated is available now.

**Cristi Moore: This will be the last question for this segment, I was wondering if you could comment as to why DHEC is not prioritizing teachers to get the vaccinations, they are 1B but why were they not included in 1A?**

**Dr. Kacka:** Phase 1A was designed to limit morbidity and mortality, so disease and or injury and death from Covid-19. This was an original recommendation as I said by the Advisory Committee for Immunization Practices, which is a group assembled by the CDC. Their recommendations were taken under by the Vaccine Advisory Committee here in South Carolina and DHEC reviewed all the recommendations, the phase 1A. when we had extremely limited supply of vaccines. We continue to have very limited supply of vaccines. The plan was put in place to ensure that we could get those who would be at highest risk for spreading it to vulnerable people and also having severe disease being exposed and having severe disease themselves.

That's why phase 1A focused on the health care workers and those particularly in long-term care facilities. Teachers are obviously very important front-line workers who may be at risk of exposure, and we do take that under consideration. The problem is we still have several weeks of phase 1A to go because of the limited supply of vaccine, so adding additional people to phase 1A will create the difficulty of just more people who are waiting on vaccines. That's the main reason that we considered it that way, but obviously we do want to get to teachers as soon as we can.

**Cristi Moore:** Kalyn, you've got a question please ask your question.

**Kalyn:** **Yes ma'am thank you, during a press conference earlier the governor said that roughly 300 South Carolina pharmacies have access to the vaccine and aren't distributing it fast enough, yet when we reached out to pharmacies many said that they hadn't had the opportunity to even get the shots yet, despite going through DHEC’s process to be on the list to receive them. I was wondering if you guys could explain the process for pharmacies to receive those vaccine doses- why some are waiting and what barriers may have led others to take a while to get it out there as the governor said earlier?**

**Nick Davidson:** Thanks for that question, as you heard Dr. Kacka say there obviously is very limited vaccine out there. There was a period of time before Moderna became available and before we opened it up to 70 year olds and older that we were able to provide as much vaccine to the hospitals who are requesting it as they requested, and beginning about two and a half or maybe close to three weeks ago now when we opened it up to 70 and older. We now have Moderna vaccine in the state, but it becomes a challenge of trying to distribute a limited amount of a product as widely as possible. Part of our role in public health, the major part of our role is, to provide access to people in the communities. Yet if we provide access to every entity in the community, the problem is it becomes almost none that we're distributing to each of those many providers. It is a balancing act of trying to determine how can we make the vaccine access pervasive enough and at the same time still make the quantities large enough so that it is worthwhile for a provider to train their staff and begin to vaccinate individuals.

Each week we are clearly looking at the amount of vaccine that individuals are vaccinating we've been very pleased that hospital utilization rates you can see on our website, as I recall is about 92 percent. The most recent number that I’ve seen of that distributed, they've used about 92 percent. The number from Moderna has come up substantially, and so certainly we share the desire to get it into as many arms as quickly as possible. And while we have those hundreds of providers across the state, they've just recently received the vaccine and so they're having to put the systems in place to distribute it. But really happy that today for the first time we exceeded the 50 percent utilization rate across all of those providers who are giving Moderna, so our partners around the state are definitely making great strides to be able to get more vaccine in people's arms.

**Shawna: Pfizer has said they've gone, I believe they've said they're going to start labeling vials as six doses instead of five, have they already done that and do we know for certain whether that means we're getting the same number of vials, or could that mean we're going to be getting less vials?**

**Dr. Kacka:** I believe they already have made that change and they probably will adjust the actual vial sent based on that change. Nick do you have more information on that?

**Nick Davidson:** I don't, but the main question is whether we're going to be potentially getting less actual doses or more doses than we are at least what has been labeled. It's definitely the case we won't be receiving less doses. It is a chance you're correct that either you get more doses or fewer vials so we can confirm that.

**Morgan:** **I am asking another question about teachers- I was wondering about the teachers kind of asking to be prioritized. Is this something that DHEC is discussing, and what has the committee discussed for prioritizing teachers in phase 1B, and also will they be less of a priority because of the new classroom study from the CDC saying there's not as much spread inside the classroom?**

**Nick Davidson:** I'll just say that we are constantly and continually looking at the prioritization based on the science that's out there, and yes I'm aware of that same study and I think the closer that we get to 1B and the amount of vaccine that we know that we're going to have at that time will allow us to make the recommendations at the time. We have been having those discussions, but no determinations yet made.

**Cristi Moore: We've got a question from Judy Gatson, she would like to know how they should refer to the variants for example Covid-19 UK variant or another name?**

**Dr. Kacka:** I would say probably you can refer to it as the UK variant, the South African variant, you include you can include the number names b117 if you want. That gets a little confusing, I think maybe referring to it as UK and South African variants is probably the more appropriate way to do it.

**Sydney: I was wondering, I would like to go back to the decision made at the January 26th meeting to do a per capita based rollout. What evidence does DHEC have that would suggest that doing this method would get more shots and arms faster than counting SVI and age demographics?**

**Nick Davidson:** I think the best way to look at it, if you look at the way the CDC has done it, they allocate to states solely based on a per capita basis. I think when you look at speed certainly it's probably a lot easier and faster and quicker to get to those calculations when it's just based on per capita. But I can promise you whether it's done on per capita or any other way, we'll get the vaccine out there just as fast as we can. And keep in mind you know whatever allocation method is chosen it's not written in stone- we'll continue to review it, we'll look at the evidence, all the data that comes in on that and we'll be making adjustments and recommendations for adjustments based on what we see.

**Madison: Thank you, can we get an update on how many providers are enrolled versus how many are activated at this time?**

**Dr. Kacka:** how many vaccine providers we have and how many are enrolled correct active and versus enrolled yeah activated versus enroll in total? I'll get that for you Madison.

**Cristi Moore:** Shawna you've got another question?

**Shawna: In terms of long-term care, do we have an idea of how many if any of their staff and residents are actually declining to take the vaccine, and if you could just update us on how well that is or isn't going right now?**

**Dr. Kacka:** I have some of those numbers here, certainly we post some of that on our website as well so let me refer to that while I answer the question but let's see. Shawna the numbers that I'm sure you've probably seen on the website, when you go to the vaccine allocations tab or button, the long-term care facilities so far and I'm going to round here, but we've got about 32,000 shots given to residents and about 16,000 given to staff.

DHEC regulates the facilities and so we know the number of regulated, the number of staffed beds that are in the facility, but day to day that resident population goes up and down so I'm not aware that we have a daily count of the number of residents that are in the facilities. There's just a handful of facilities that haven't been visited for the first round of shots, they've done 100, we have done 100 of the nursing homes and we've done 94 of what we generally call the assisted living facilities. Of those, like I say, on our website you can see that's just over 32,000 folks I believe. Cristi we may want to get this, but I believe the number of staff beds that we that we show. And again these are staffed, so not necessarily the number that are in the facilities, because we hear that you know a number of folks have pulled their family members out, just out of fear of Covid, so that number's probably lower. But we can confirm the number, it's around 44,000 staffed beds I believe.

**Shawna: One reason I ask is because you know they say they've done their first completed their first round and then yet the numbers seem to look so low, I guess I've been confused as does first round really mean that everyone in a facility that they visited?**

**Dr. Kacka:** Yes great question, thank you for that clarification, because no it does not. We're doing three visits to each facility and the intent of visit one is that primarily you're getting staff and residents their first shot visit. Number two is essentially second doses for facility staff as well as residents, but that second visit is also to capture those that you might have either missed, might not have been working that day, might have been out because of a doctor's appointment, a resident for instance and so we would anticipate on the second visit getting some substantial additional number of first doses done at that visit and then on the third visit we'll do the rest of the second dose shots for anybody who we you know didn't encounter on visit number two. So those three visits should capture all of them, and we would anticipate the number to increase further upon the second visit and maybe even the third visit for that matter.

**Cristi Moore:** Okay thank you, all right well we're a couple minutes over so I just want to thank Dr. Kacka and Nick Davidson, and of course all of our media partners for joining us today. We will continue our ongoing vaccine conversation later this week and there were a few questions that were submitted in the chat, so I'll be working to get responses back to folks and connect with Madison on her question. That concludes today's briefing, thanks everyone.